Exploring the Intersections: Immigrant and refugee women fleeing violence and experiencing homelessness in Canada

Meeting Summary Report

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Important Considerations

This report is based on the meeting hosted by Employment and Social Development Canada and the Centre for Research & Education on Violence Against Women & Children that took place in Ottawa, Ontario on March 30th, 2017. The purpose of the meeting was to explore the intersections between immigrant and refugee women fleeing violence and experiencing homelessness, health/mental health and disability issues, and trauma in Canada. Participants at the meeting were invited to share knowledge on this topic, including barriers faced by immigrant and refugee women to accessing supports and services, leaving abusive relationships, and obtaining safe, secure, and affordable housing. This was followed by a discussion on gaps in policy, knowledge, and service delivery, practical measures and promising approaches, and next steps for consideration. As this was an exploratory meeting, future opportunities for further discussion are needed to address the many complexities and nuances involved in the intersections of immigrant and refugee women fleeing violence and experiencing homelessness, health/mental health and disability issues, and trauma.
This report captures key themes from the discussion with a brief overview of recent literature pertaining to the Canadian context. It requires careful attention to the following considerations:

- Immigrants are a heterogeneous group with vast differences and their experiences can be shaped by varying factors (e.g. pre-migration journey, settlement and acculturation process, immigration status). However, it is their contexts outside of the mainstream, their migration experiences, and their positions in the immigration system that can create similarities among them (Menjivar & Salcido, 2002). In this paper, the term 'immigrant and refugee women' will be used to refer to women born outside of Canada. This broad term is used intentionally to include long-term residents, newcomers (landed immigrants who came to Canada up to five years prior to a given census year), temporary residents, asylum seekers, and people with precarious or no immigration status. At times, specific terms (e.g. newcomers), will be used to reflect certain research and to adhere to the respective author's terminology and definitions.
- Violence against women and girls occurs in many forms, including violence in close relationships (e.g. intimate partner violence, child maltreatment), sexual violence in all public and private spheres of life (e.g. sexual assault, harassment), human trafficking, harmful sociocultural practices (e.g. forced child marriages, female genital mutilation) and structural violence (e.g. sexism, ageism, racism). Intimate partner violence (IPV) is defined as violence committed by married, separated, divorced, common-law, dating, or other intimate partners (Statistics Canada, 2015). IPV can involve a range of abusive behaviours, including but not limited to physical, sexual, and other psychological harm. It is distinguished from other forms of violence in the nature of the relationship between victims and abusers, which is generally ongoing, with potential emotional attachment and economic dependence (Statistics Canada, 2013).
- Homelessness can take many forms. For the purpose of this paper, 'homelessness' will be used generally to refer to "the situation of an individual or family without stable,

permanent, appropriate housing, or the immediate prospect, means, and ability of acquiring it" (Canadian Observatory on Homelessness, 2012). We have deliberately added the word 'safe' when describing housing to indicate that housing situations for women fleeing violence and experiencing homelessness must create feelings of safety and security for women. Adequate physical living conditions are not enough; women must feel protected and secure to be able to move forward with their lives.

- Research studies on homelessness involving immigrant and refugee women often include small sample sizes, and limited resources and methodological challenges can leave certain groups out (e.g. not being able to participate in a study due to language barriers). In addition, vulnerable situations can make certain groups less accessible or inaccessible to researchers. Caution is required when drawing conclusions from the emerging body of research, and efforts to identify and learn from immigrant and refugee women with different experiences and those not represented in existing research is encouraged.
- The peer-reviewed and grey literature for this paper represents a scan of the Canadian context from 2005 to 2017. The focus was on publications that addressed some of the intersections of the key focus areas. Further examination of this topic should consider the body of literature from other countries.

Introduction

Emerging research from across Canada points to a significant relationship between immigrant and refugee women fleeing violence and experiences of homelessness (BC Society of Transition Houses, 2015; Holtmann, 2016; Thurston et al. 2006). Overall estimates of violence have not been found to be higher in immigrant and refugee communities, however, their position as immigrants and refugees contributes both to their vulnerability and to barriers faced when accessing services and supports. A dynamic interplay of structural and interpersonal factors contributes to violence and increases the risk of homelessness for this group. This includes sponsorship relationships, pre-migration experiences, migration journeys, acculturation and settlement stressors, economic insecurity, cultural norms and traditions, and unfamiliarity with Canadian laws and regulations (Canadian Council on Social Development, 2006).

Intimate partner violence (IPV) has been found to be a leading cause of homelessness among women, including immigrant and refugee women (Gulliver-Garcia, 2016; Thurston et al., 2013). Findings from the 2016 coordinated Point-In-Time (PiT) count supported by Employment and Social Development Canada's (ESDC) Homelessness Partnering Strategy complements this research. For instance, domestic abuse was among the top cited reasons for most recent housing loss among respondents who were newcomer women. At the same time, newcomers were not found to be overrepresented in Canada's homeless population (ESDC, 2016). Although these results should be carefully considered given the relatively small sample of newcomer women in the PiT count, the homelessness phenomenon among immigrant and refugee women

has been identified by researchers and advocates as an area of focus that requires further understanding and attention.

> A Point-In-Time Count is a "one-day snapshot of homelessness in shelters and on the streets within a community. It estimates how many people are experiencing homelessness in emergency shelters, in transitional housing, and in unsheltered locations on the day of the count. It can also include people who are in health or corrections facilities, such as hospitals, detox centres, detention centres, or jails – who do not have a place to go when they are released."
> ESDC, 2017; 4

To further explore this issue holistically and to identify systemic issues, barriers, and gaps that may contribute to this phenomenon, ESDC and the Centre for Research & Education on Violence Against Women & Children (CREVAWC) convened a half-day meeting in Ottawa for academic, government, and community leaders. The intersections between the following interconnected areas of focus were addressed:

- Immigrant and refugee issues;
- Women fleeing intimate partner violence (IPV);
- Homelessness;
- Health/mental health and disability issues; and
- Trauma.

Participants from across multiple sectors with significant experience and expertise contributed to a fruitful discussion. Through small group and large group activities, participants shared what they knew about immigrant and refugee women fleeing IPV and experiencing homelessness, health/mental health and disability issues, and trauma. This was followed by an analysis of the barriers faced by immigrant and refugee women, and gaps in policy, knowledge, and service delivery that can impede access to supports and services and contribute to a cycle of homelessness for this group. Finally, participants identified possible next steps, practical measures, and examples of promising approaches (see Meeting Agenda in Appendix A). This report captures key themes that emerged from discussions and includes a review of current research on the areas of focus. It is divided into the following sections:

- A literature review on the areas of focus and their intersections;
- Barriers to fleeing abusive relationships, accessing supports and services, and obtaining safe, secure, and affordable housing for immigrant and refugee women;
- Gaps in knowledge, policy, and service delivery and promising approaches; and
- Considerations for moving forward.

Participants indicated that addressing this issue requires meaningful involvement from many sectors including housing, immigration and settlement, violence against women (VAW), and mental health organizations. Most importantly, inclusive opportunities must be created for

immigrant and refugee women fleeing violence and experiencing homelessness to inform and participate in developing and implementing research, services, and policy

Literature Review

There is a growing body of research on the areas of homelessness, health/mental health, disability issues, IPV and family violence, trauma, and migration and settlement experiences. However, research that seeks to address the intersections between all, or some, of these areas is limited. Furthermore, research on homelessness often focuses on certain groups (e.g. persons with serious mental health disorders and substance abuse; men), and offers limited insight on the needs of immigrant and refugee women experiencing homelessness. Accordingly, less is known about the pathways into and out of homelessness for immigrant and refugee women, how homelessness relates to their experiences of violence, health/mental health and disability issues, and trauma, and the additional barriers they face due to their unique positions as immigrants and/or refugees. As such, the complexities of lived experience within these intersections are not well understood.

In an effort to better understand the Canadian context, this section will provide an overview of research on each of these areas (immigrant and refugee women, homelessness, violence, health/mental health and disability issues, and trauma), as well as their intersections, when available. Peer-reviewed journal articles and grey literature from 2005-2017 are summarized below. Findings from this research resonate with key themes identified at the meeting, and help to contextualize the meeting discussion and frame next steps and practical measures for consideration.

Homelessness in Canada

Despite some successful prevention and intervention efforts, homelessness continues to be a significant issue in Canada with serious economic and social consequences. Though the image of a single, older man sleeping on the street corner is often associated with homelessness, this is far from the reality. Single, older men between the ages of 25 and 55, account for almost half of the homeless population in Canada (47.5%), however, more women, families, and youth are experiencing homelessness than in the past (Government of Canada, 2012; Richter & Chaw-Kant, 2008; Gaetz et al., 2016). Homelessness does not look the same for everyone and experiences of homelessness are not always “visible”. As cited in Gaetz et al. (2013), it is estimated that for every person who is absolutely homeless, often the most visible type, there are at least three more who fall into the category of hidden homelessness. Enumeration of homelessness can be challenging due to a number of methodological challenges. For instance, individuals can move in and out of homelessness quickly and it is difficult to capture hidden homelessness. Inconsistent use of definitions, typologies, and methodologies, means that some groups can be left out depending on what definition is being used in a count. VAW shelters are often not counted in PiT counts, thus missing a significant group of individuals who may be experiencing homelessness. As such, few reliable estimates of homelessness in Canada exist,

and sources often provide different numbers. Advocates report that homelessness affects approximately 235,000 Canadians a year and 35,000 Canadians on any given night (Gaetz, 2016). The Government of Canada estimates that 150,000 individuals use shelters every year across Canada (ESDC, 2016). This range (150,000 to 235,000) is often referred to in the literature.

Defining Homelessness

There is no single "official" single definition of homelessness in Canada although various advocates, researchers, and policymakers have provided their own interpretations of the various forms that exist. Advocates argue that a common definition can help develop a framework for "understanding and describing homelessness, and a means for identifying goals, strategies, and interventions, as well as measuring outcomes and progress" (Canadian Observatory for Homelessness, 2008).

Typology of homelessness used by the Government of Canada:

Absolute: those living on the street or in emergency shelters

Hidden or concealed: those who do not have a place of their own, who live in a car, with family or friends, or in a long-term institution

Relative: those who are housed but reside in substandard shelter and/or who may be at risk of losing their homes

Echenberg & Jensen, 2008

The Government of Canada refers to homelessness as situated within a continuum of types of shelter that consider the specific housing situation of an individual and the duration and/or frequency of homeless episodes (Echenberg & Jensen, 2008). This includes absolute homelessness (those living on the street or in emergency shelters), hidden or concealed homelessness (those who do not have a place of their own, who live in a car, with family or friends, or in a long-term institution), and relative homelessness (those who are housed but reside in substandard shelter and/or who may be at risk of losing their homes) (Echenberg & Jensen, 2008).

The Canadian Observatory on Homelessness has provided a more detailed typology of homelessness that considers a range of housing and shelter situations on a continuum (Canadian Observatory on Homelessness, 2008). This includes: (1) unsheltered, or absolutely homeless and living on the streets or in places not intended for human habitation, (2) emergency sheltered, including those staying in overnight shelters for people who are homeless or impacted by famiy violence, (3) provisionally accommodated, meaning accommodation is temporary or lacks security of tenure, and lastly (4) at risk of homelessness, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or is not in accordance with public health and safety standards.

Other typologies address the element of time, or frequency and persistence of homeless episodes experienced by an individual. This includes: chronic homelessness (long-term or repeated homelessness often experienced by those with chronic illness or addiction problems); cyclical homelessness (resulting from a change in circumstance), and temporary homelessness (short in duration, often due to natural disasters or house fires) (Echenberg & Jensen, 2008).

These varying definitions and typologies indicate that homelessness is a multi-dimensional construct and individuals experiencing homelessness belong to a vastly diverse group with different needs, resources, and circumstances. Pathways into and out of homelessness can be experienced by anyone, although certain groups (e.g. immigrant and refugee women) may face additional disadvantages that can propel them onto the pathways to homelessness more rapidly, with increased barriers to accessing supports and services. However, a lack of consistency in defining homelessness makes it more difficult to address the issue "as the way a problem is defined has important policy implications; definitions can influence how the problem is perceived and the prescription of possible solutions" (Echenberg & Jensen, 2008; 1). Furthermore, different interpretations of homelessness can exclude some groups who may not "fit" with the specific definition of homelessness being used. Once an agreed-upon definition of homelessness is adopted, prevention and intervention strategies can be developed, or enhanced, to meet the core needs of all groups experiencing homelessness (i.e. affordable housing) while providing tailored supports and services (e.g. mental health supports). Prevention and intervention strategies that assume a "one-size fits all" approach cannot adequately meet the needs of certain groups. For instance, strategies designed for older, single men who experience chronic homelessness may not provide the same benefits for individuals who may have dependents, are fleeing violence, or have recently been kicked out of the house (e.g. youth). In addition, groups such as immigrant and refugee women fleeing violence and

experiencing homelessness face many challenges that can impede access to broader supports and services. These unique contexts and barriers are examined below.

Gendered Experiences of Homelessness in Canada

Homelessness is inherently gendered and experiences differ greatly for men, women, and non-binary persons (Thurston et al., 2013; Walsh, Rutherford, & Kuzmak, 2009; Yonge Street Mission, 2009). Overall, more men are homeless than women, and male homelessness is often more visible as they are more likely to sleep in public places or on the streets (Kirkby & Mettler, 2016). Due to threats of physical and sexual violence on the streets and avoidance of the shelter system, women's homelessness is less visible (Kirkby & Mettler, 2016; Richter & Chaw-Kant, 2008). While the majority of homelessness research focuses on men and women, there is emerging literature on the experiences of gender non-binary persons and homelessness, particularly within the context of youth homelessness. (Yonge Street Mission, 2009; Abramovich, 2013).

Violence and Homelessness

Homelessness for all is often the result of a variety of interconnected structural and individual factors, and pathways into and out of homelessness may differ according to gender. IPV is a leading cause of homelessness for women and children, and affects their experiences of homelessness, poverty, trauma, and substance abuse (Gulliver-Garcia, 2016; Thurston et al., 2013). One Canadian study identified family violence as one of the main causes of homelessness among family members (ascited in Novac, 2006). Particularly, it indicated that for more than 40% of the 59 homeless families interviewed in 10 major cities across Canada, family violence was among the factors identified as contributing to housing loss (as cited in Novac, 2006). Substance abuse is often viewed as both a major reason for becoming homeless, and as a coping mechanism for domestic abuse that may, eventually, lead to homelessness (Tutty et al., 2014).

Increased risk of violence and danger on the streets, as well as limited or no access to safe, secure, and affordable housing, leads many women to remain with violent partners (Gaetz, Donaldson, Richter, & Gulliver, 2013; Thurston et al., 2013; Thurston et al., 2006; Tutty, 2006; Tutty et al., 2014). Little (2015) suggests that "an abused woman is more likely to be homeless, and once homeless, she is more likely to be abused again", referring to the desperate actions women often resort to in order to avoid the risks associated with not having shelter (e.g. entering new abusive relationships) (5).

Adequate and affordable housing, identified as an under- provided resource, is critical to facilitating a woman's ability to leave a violent relationship (Jategaonkar & Ponic, 2011; BC Society of Transition Houses, 2015). Limited short and long-term housing options coupled with a long waiting period to obtain safe, secure, and affordable housing can also compel women to return to their abusive partners (BC Society of Transition Houses, 2015; Little, 2015). One Canadian study found that 31% of shelter users intended to return to the abuser because of

lack of housing options (Taylor-Butts, 2007). Women also avoid using the shelter system, further contributing to the invisibility of their homelessness, for fear of violence and inadequate responses to their needs, especially for those who have substance use and/or mental health issues (Kirkby & Mettler, 2016). Women move back and forth between secure and precarious situations on the housing continuum, due to factors such as the availability of affordable housing and adequate living conditions, socio-economic factors and employment, role of service providers and advocates, health and disability issues, personal safety concerns, and influences of gender and culture on housing options.

Women who are homeless also have different needs than men (Walsh et al., 2009). For those who are pregnant or parenting, there are increased barriers to securing housing, and women with children have been found to be at higher risk of living in substandard conditions (Kirkby & Mettler, 2016; Ritcher & Chaw-Kent, 2008). For parenting women, use of emergency shelters and supports are also limited due to fear of apprehension of their children by child protection authorities (Kirky & Mettler, 2016). Family homelessness (i.e. homeless adults and their dependents) also requires stable housing as child homelessness has been linked to poor health outcomes, with longer periods of homelessness associated with worse health outcomes (Sandel, Sheward, & Sturtevant, 2015).

Woodhall-Melnik and colleagues (2016) note that studies on women fleeing violence and searching for stable housing often focus on the material and physical aspects of housing rather than recognizing the importance of psychosocial dimensions of housing that can create "feelings of safety, security, belonging, and attachment to home" (4). This is important given that many studies have noted the critical relationship between the "home" and feelings of security. Saunders (1989) emphasized that home ownership is a source of ontological security, described as "a sense of continuity and order in events, including those not directly within the perceptual environment of the individual" (Giddens, 1991; 243). Deviations from routines and normal life can create anxious feelings about what is unknown and how to protect oneself from future harm (Giddens, 1991). Furthermore, Padgett (2007) states that "home" can contribute to ontological security for persons who have experienced psychiatric symptoms and homelessness, and that for this particular population, housing stability can create new experiences of routine, control, and self- development. This may be true for other groups as well, like women experiencing IPV (Woodhall-Melnik, et al., 2016). Robinson (2008) notes that in addition to the grief and psychological trauma that comes with experiencing IPV, women also face alienation that evolves from being without a home. Thus, housing instability can further exacerbate the trauma that women experience when living with abusive partners or attempting to leave them (Woodhall-Melnik et al., 2016). Women in one study who had left violent households indicated that stable housing for them meant permanence, but also safety, security, family friendly housing, and comfort (Woodhall-Melnik et al., 2016). They also noted, however, that temporary housing situations such as transitional housing, and women's shelters, and the services received contributed to feelings of stability as well (Woodhall-Melnik et al., 2016).

Homelessness and LGBTQ Individuals

The complex experiences of lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals must also be considered. However, much of the research found on this group focuses on youth, and research on experiences of immigrants and refugees within this group is scarce. The focus on youth may be due to a number of reasons, including a larger percentage of youth who have disclosed their sexuality/gender identity than adults, the unique challenges faced by youth, and the role of family conflict in contributing to their homelessness. Findings suggest that LBGTQ youth are overrepresented in the homeless youth population in North America (as cited in Abramovich, 2012). Pathways into homelessness for this group can vary, however, one of the main causes for young people leaving home or getting kicked out is family conflict (Public Health Agency of Canada, 2006). This may include abuse, homophobia, or having to leave after revealing their sexual orientation or gender identity to their families (as cited in Abramovich, 2012). Estimates on the number of LGBTQ youth experiencing homelessness are limited as services often do not collect data on sexual orientation or gender identity. Using data from the 2014 General Social Survey, Statistics Canada found that of Canadians who self- identified as homosexual or bisexual, 15% reported having experienced hidden homelessness (Rodrigue, 2016). Notably, almost 2 in 10 bisexuals (18%) had experienced hidden homelessness compared to 8% of heterosexuals (Rodrigue, 2016). However, further research into the experiences of adult LGBTQ individuals experiencing homelessness is needed, particularly those individuals who are at multiple intersecting identities (e.g. immigrants and refugees).

Immigrant and refugee women experiences of violence, homelessness, health/mental health and disability issues, and trauma

Experiences of homelessness faced by immigrant and refugee women have been the subject of little investigation in Canada, particularly in academic, peer- reviewed literature. For instance, immigrant, refugee and newcomer homelessness is sometimes alluded to in general studies on women's homelessness or newcomers' housing insecurity (Ives, Hanley, Walsh, Este, Ben-Soltane, & Pearce, 2015). However, the complexities of the issues related to violence, poverty, discrimination, and health are missed. As cited in the paper by Ives and her colleagues (2015), risks of homelessness are increased for immigrant/ refugee women (compared to woman in general) due to their "higher rates of poverty, interpersonal dependency, childcare responsibilities, interpersonal violence, and social exclusion and isolation" (5). Research on prevalence and rates of IPV in immigrant and refugee communities in Canada is limited. Available research suggests that violence does not occur more in immigrant and refugee communities, although this may vary based on forms of abuse and length of time in Canada. For instance, one study found that the proportion of spousal emotional abuse was significantly higher among immigrant women than Canadian-born women, however the proportions of spousal physical abuse were not statistically different for women in either group (Ahmad, Ali, & Stewart, 2005). Other studies have attributed prevalence rates based on length of stay in Canada (Hyman, Forte, Du Mont, Romans, & Cohen, 2006). Hyman et al. (2006) found that while newcomers are often perceived as being a higher risk group than more established immigrants for IPV, the risk for IPV is actually higher during later periods of the resettlement

process. Findings from migrant studies have speculated that this is often because risk behaviours commonly associated with IPV, such as alcohol and drug use, can increase with length of stay in a new country due to isolation from traditional support systems, perceived discrimination, and acculturative stress (Roger, Cortes, & Malgady, 1991; Hyman, 2002; Chen, Ng, & Wilkins, 1996; Pérez, 2002). Immigrant and refugee women are often led into homelessness due to experiences of violence, either occurring pre-arrival and/or once they have settled in a landed country (Van Berkum & Oudshoorn, 2015; Thurston et al., 2013). Experiences of violence may be physical in nature, however, they can also include social isolation, financial control, and sponsorship status threats (Van Berkum & Oudshoorn, 2015). Immigrant women may also face abuse from other family members (e.g. siblings, in- laws) (Thurston et al., 2013).

Immigrant and refugee women overall may not access the shelter system for a number of reasons and are therefore, more likely to experience hidden homelessness and overcrowding (Fiedler et al., 2006). Experiences of shelter use can vary as well. One study that compared experiences of Canadian-born women, immigrant women with permanent resident status, and non-status migrant women in family homelessness shelters found that while Canadian- born women moved around more, they spent less time homeless than immigrant women (Paradis, Novac, Sarty, & Hulchanski, 2008). Immigrant women with permanent resident status experienced more stable housing prior to shelter use, however, their stays were longer than those of Canadian born women (Paradis et al., 2008). Non-status migrant women were the most vulnerable; they had the most unstable pre-shelter housing of the three groups and their shelter stays were much longer (Paradis et al., 2008).

A Statistics Canada (2016) study on hidden homelessness found that Canadians with a disability are more likely to experience hidden homelessness, and that those who reported at least three disabilities were four times more likely to have experienced hidden homelessness (26%) than those with no reported disability (6%). In general, women with disabilities face higher rates of gender- based violence with estimates indicating that 60% of women with disabilities have experienced some form of violence (DAWN, 2014). Perreault (2009) analyzed the 2004 General Social Survey (GSS) data and found that persons with disabilities were between 50% and 100% more likely to have experienced spousal violence than persons without disabilities. Violence against women with disabilities may include neglect related to her care, abuse by a caregiver or support person, forced isolation, physiological violence, and emotional abuse (DAWN, 2014). Women with disabilities face even more barriers to accessing supports and services, including a lack of fully accessible shelters. Research on newcomer women with disabilities and experiences of IPV was not found in the present literature scan. Information on the number and experiences of immigrant/refugee women with disabilities or those with disabilities living with violence are not well known. However, we would presume that women who are newcomer, immigrant, or refugee, and have disabilities can face similar experiences of violence and barriers to seeking help as do women with disabilities in general.

Homelessness, Violence, and Mental Health

Women fleeing violence and experiencing homelessness can also experience poor mental health and well-being, given that violence is an important determinant in women's health and physical and psychological impacts of violence can be long-lasting (Jategaonkar & Ponic, 2011; Wathen, 2012). Ford-Gilboe, Wuest, Varcoe, Davies, Merritt-Gray, Campbell, et al. (2009) found in their study that experiences of intimate partner violence can continue to have direct negative impacts on women's mental and physical health almost two years after leaving an abusive relationship and the degree of these impacts is linked to the severity of the abuse. The same study also suggested that the relationship between violence and health outcomes could be mitigated by the combined personal, social, and economic, resources a woman has available to her (e.g. housing) (Ford-Gilboe et al., 2009).

Immigrant and refugee women may be even more vulnerable as immigration and acculturation can be stressful processes that have been known to impact mental health and increase victimization to family violence (Chaze & Medhekar, 2017). The "healthy immigrant effect" recognizes that although immigrants enter the country with higher levels of physical and mental health than the native-born population, this declines after immigration partly due to the stressors of immigration, settlement, and racism and discrimination faced by racialized immigrants (Thomson, Chaze, George, & Guruge, 2015). This "healthy immigrant effect" is lost after seven years in Canada, and immigrants from racialized groups and refugees are at risk for poorer health soon after arrival (Gushulak, Pottie, Roberts, Torres, & DesMeules, 2011; Newbold, 2005; Ng, Wilkins, Gendron, & Bertholet, 2005). Even when factoring in the healthy immigrant effect, evidence shows that on average, immigrants and refugees have similar or higher rates of mental illness compared with non-immigrants, although rates vary between different ethnocultural groups (as cited in Mental Health Commission of Canada, 2016).

Furthermore, women's pre-migration experiences must be recognized; there are often histories of trauma including torture, gender-based violence, and living in dangerous situations (e.g. refugee camps) (Khanlou, 2010). Research suggests that homelessness can be a result of traumatic issues, and also can cause or contribute to trauma (Gulliver-Garcia, 2016). This is particularly concerning for immigrants and refugees who may already be experiencing pre-migration trauma, then having to cope with traumatic stress due to violence and homelessness.

Housing instability or insecurity can also intensify poor mental health for women experiencing interpersonal violence (Daoud et al., 2016). Although research is limited on links between housing instability and health of women experiencing interpersonal violence, one study has found that women in shelters had high levels of stress and substance use (Daoud et al., 2016). Another study showed that women facing housing instability had higher rates of depression and post-traumatic stress disorder (PTSD), reduced quality of life, poor school and work attendance, and increased use of emergency departments (Daoud et al., 2016). Higher rates of disease and mortality have been linked to homelessness. For instance, lack of affordable housing, and exposure to various environmental hazards along with other poor living conditions put women in Canada at an increased risk of health problems (Daoud et al., 2016).

Social determinants of health such as social (e.g. interpersonal and family violence) and physical (e.g. appropriate housing) environments, and migration, can undermine the health of immigrant and refugee populations (Mental Health Commission of Canada, 2016). This is important to consider as immigrants and ethnic minorities are underrepresented in the mental health care system. The Mental Health Commission of Canada (MHCC) reports that immigrant and refugees also have lower rates of help seeking due to barriers related to service accessibility, provider-patient interaction, circumstantial challenges, language, stigma, and fear (MHCC, 2016). As cited in the paper by Thomson and colleagues (2015), mental health services are underutilized due to barriers related to "uptake of existing health information and services; those that were related to the process of immigrant settlement; and barriers related to availability of appropriate services and cultural barriers" (5). International literature suggests a number of promising practices to improve services for diverse populations that include culturally-adapted psychotherapies, developing integrated-care pathways adapted for ethnic groups, and cultural adaption (MHCC, 2016).

Additional factors related to migration and acculturation and help-seeking can intensify the needs of immigrant and refugee women who are fleeing violence and experiencing homelessness. A range of systemic, interpersonal, and cultural barriers exist and are discussed below.

Barriers faced by immigrant and refugee women

Although Canadian-born women face numerous barriers to fleeing violence and accessing adequate and affordable housing, additional difficulties faced by immigrant and refugee women can exacerbate these barriers and can create new ones. These include language and literacy barriers, limited knowledge of Canadian systems, laws and policies (Thurston et al., 2006), precarious citizenship status, limited support systems, cultural beliefs and family dynamics (Van Berkum & Oudshoorn, 2015). Even fewer alternate solutions for housing exist for this particular group as informal supports that could offer temporary accommodations are limited or non-existent (Thurston et al., 2013; BC Society of Transition Houses, 2015). Refugees and asylum seekers often have even fewer social networks than other immigrants (Preston, Murdie, D'Addario, Sibanda, Murnaghan, Logan, & Ahn, 2011). This is particularly significant given theories of help-seeking for IPV indicate the importance of informal help (e.g. from family or friends) (Kaukinen, 2002; Kershner & Anderson, 2002). Informal help has been suggested to be a pathway to more formal supports and services from health, criminal justice, and social service systems (Kaukinen, 2002).

A number of structural barriers exist for immigrant and refugee women: precarious citizenship status (i.e.conditional status, sponsorship by spouse), non-eligibility for services due to status, lower levels of employment or unemployment due to non-recognition of qualifications/ skills obtained outside Canada, stigma associated with mental health issues, misconceptions regarding mental health, and limited access to services due to work requirements, childcare

responsibilities, and/or transportation issues (Van Berkum & Oudshoorn, 2015).

Immigrant and refugee women often face significant challenges during pre-migration to Canada including uncertainty regarding immigration to Canada, poor living conditions, and volatile situations in their home country. The cumulative impacts of pre-migration stressors coupled with post-migration experiences of violence and homelessness, and barriers faced in obtaining supports can compound negative impacts. Supports and services that are readily available, accessible, and responsive to their needs can help immigrant and refugee women settle successfully in Canada. A study conducted in 2011 suggested that the length of time in Canada impacted help seeking for immigrant women experiencing violence; non- recent immigrants (women who have lived in Canada for more than 10 years) had help-seeking rates similar to the women in the general population (Hyman, Forte, Du Mont, Romans, & Cohen, 2006). This suggests that immigrant and refugee women who have had more time to integrate in Canada may have some barriers reduced and/or greater access to services and supports that encourage help- seeking.

Barriers to leaving abusive relationships

Immigrant and refugee women face additional systemic, interpersonal, sociopolitical and cultural barriers that are often produced through the interaction of multiple forms of identity dimensions and forms of oppression. Lack of education, limited access to culturally appropriate services, and financial insecurity are examples of the disadvantages faced by immigrant and refugee women when seeking help or leaving abusive relationships (Barrett & Pierre, 2011; Guruge & Humphreys, 2009). Furthermore, they are likely to face poverty and be in lower-paying jobs (Barrett & Pierre, 2011). Language barriers, cultural norms and beliefs that disapprove of disclosing personal matters, stigma and shame, threats of deportation, and fear of child apprehension are some of the range of barriers faced by this particular group (Barrett & Pierre, 2011; Alaggia, Regehr, Rishchynski, 2009; Ahmad, Driver, McNally, Stewart, 2009).

The amendments made to the Immigration and Refugee Protection Regulations in October 2012, which applied to spouses, common-law or conjugal partners in a relationship of two years or less with their sponsor, was often noted in the literature, and at the meeting, to be problematic for immigrant women who faced abuse by their sponsors. These amendments stated that the sponsored spouse must cohabit in a legitimate relationship with their sponsor for two years from the day on which they receive their permanent status in Canada, or face the possibility of revocation. This fear of deportation is often a major barrier that can keep immigrant women in violent relationships. Many immigrant women who have precarious citizenship status due to spousal sponsorship are unaware of the provisions that exist in cases of abuse (Holtmann, Torri, Rickards, & Matta, 2016). These provisions are often difficult to pursue and requireevidence showing use of public services in the VAW sector, a challenging task given that many immigrant and refugee women do not access these services for the reasons listed below (Holtmann et al., 2016). Obtaining an exemption due to abuse also can be a complex and time-consuming process especially for women who have challenges navigating the system due to language barriers and lack of knowledge. Fear of deportation is higher for

non-status women and asylum seekers who do not have any legal status and require the assistance of settlement workers or lawyers to apply to remain in Canada on humanitarian and compassionate grounds (Holtmann et al., 2016).

On April 27, 2017, during preparation of this report, Immigration, Refugees and Citizenship Canada removed the condition that applied to some sponsored spouses or partners of Canadian citizens and permanent residents to live with their sponsors for two years in order to keep their permanent resident status.

This action was taken to demonstrate the Government's "commitment to gender equality and to combat gender violence" and concerns that "vulnerable sponsored spouses or partners may stay in abusive relationships because they are afraid of losing their permanent resident status even though an exception to the condition existed for those types of situation." (Government of Canada, 2017). The elimination of this condition will play a key role in reducing the power differential that exists between immigrant women and their sponsors, and the dependency that may force them to stay in abusive relationships due to fear of deportation.

Barriers to accessing supports and services

Immigrant and refugee women also face multiple intersecting barriers when using services. Hyman and colleagues (2006) found that newcomers were more likely to report IPV to the police but less likely to use social services than Canadian-born women. Other studies have shown that immigrant women underutilize shelters, hotlines, and health, legal, and social services for IPV, attributed to linguistic barriers, financial constraints, social isolation, and discrimination (Du Mont, Forte, Cohen, Hyman, & Romans, 2005; Erez, Adelman, & Gregory, 2009; Fong, 2000; Gillum, 2009; Hyman, Forte, et al., 2006; Landrine, Klonoff, Corral, Fernandez, & Roesch, 2006; Lasser, 2006; Lee & Hadeed, 2009; Malley-Morrison & Hines, 2007).

Immigrant and refugee women may also face concerns about services not being able to adequately meet spiritual or cultural needs, lack of language-specific services, providing limited or no culturally or religious-specific foods (e.g. halal and kosher meats, vegetarian options), and absence of prayer or faith-based rooms. Some service providers have not adopted anti-racism, anti-oppressive principles and may have staff that are not sufficiently trained to work with clients from different backgrounds. A study from British Columbia suggests that many immigrant and refugee women do not access transition housing due to their lack of awareness about what transition housing is and their concerns about transition home environments and communal living (BC Society of Transition Houses, 2015).

Cultural norms and beliefs and social factors also create additional barriers faced by immigrant and refugee women. For some women, social and cultural norms can create stigma and shame for those who speak about violence experienced in their relationships (Thurston et al., 2013; Alaggia et al., 2009; BC Society of Transition Houses, 2015, Ahmad et al., 2009). Lack of familial

and community supports and networks and limited housing options due to financial insecurity can also increase the risk of homelessness. Some studies found that immigrant and refugee women are not always aware that domestic violence is recognized in Canada to occur in many forms including social, psychological, spiritual, and economic abuse (Holtmann et al., 2016). Newcomer women with disabilities are likely to face additional barriers that prevent them from accessing appropriate supports and services. In general, disabled women may face difficulties leaving abusive relationships due to fear of loss of disability-related supports, lack of access to attendance care and sign language interpretation, and fear of loss of services if the person abusing her is the caregiver (DAWN, 2014).

Barriers to obtaining safe, secure, and affordable housing

Access to affordable, safe, and secure housing is a major barrier for Canadian-born women and immigrant and refugee women fleeing violence and experiencing homelessness. For those with multiple family members, this is even more challenging. Lower government investments in affordable housing, increased market rates, and low vacancy rates have all contributed to this issue (Noble, 2015). Immigrant and refugee women have challenging economic circumstances that may put them at a further disadvantage to accessing affordable housing. Although educational attainment is higher among immigrant population, the labour force participation rate is lower when compared to Canadian-born women (Hudon, 2015). Specifically, immigrant women face higher unemployment, more part-time work, and earn less than their Canadian-born counterparts (Hudon, 2015).

Women in the general population who access social housing experience high levels of violence and harassment, including by former abusive partners (BC Society of Transition Houses 2015; Tutty et al., 2014). Housing managers who are aware of women leaving abusive relationships may fear that her abusive partner may create difficulties for them and other residents living in the building (BC Society of Transition Houses, 2015). A Canada Mortgage and Housing Corporation study (2006) found that landlords often discriminated against women when they knew they were fleeing violent relationships. The Ontario Human Rights Commission reported similar findings in 2008 where landlords feared that abusive partners would damage property. Harassment of women from landlords can also take place and some landlords were found to demand sex for lowered rent or had women do maintenance in the unit (Mosher, 2010). For immigrant and refugee women, racial discrimination and harassment are additional barriers when accessing social housing that can affect their already compromised well-being and safety (BC Society of Transition Houses, 2015; Little, 2015). One study found that African and South-Asian Canadian applicants experienced the highest levels of rental discriminations and that landlords would discriminate based on accents or neighborhoods they were coming from (Novac et al., 2004).

Gaps and Promising Approaches in Knowledge, Policy, and Service Delivery

Review of the literature and discussions at the meeting pointed to gaps in knowledge, policy, and service delivery that can exacerbate challenges in understanding and addressing issues that contribute to homelessness experienced by immigrant and refugee women fleeing violence. This includes a limited understanding of the issue, lack of access to services and supports, and policies may need to be adapted to meet the needs of this group.

Participants explored a range of practical measures to address these gaps. They noted the importance of sustained funding for adequate resources, direct services, and prevention to continue to meet the needs of immigrant and refugee women fleeing violence and experiencing homelessness. They also emphasized that gaps in knowledge, services, and policy require vision, a strategy, and 'buy-in' from multiple sectors and groups to implement practical, feasible, and sustainable measures. Examples of promising approaches from Canada and beyond are highlighted below.

Knowledge Gaps

Despite significant research on homelessness in Canada and increased knowledge on the contextual realities of homelessness faced by some groups, there is limited understanding of the needs of immigrant and refugee women. As noted above, existing research on the intersections of immigrant and refugee women fleeing violence and experiencing homelessness, health/mental health and disability issues, and trauma is rare. This can be partly attributed to the nature of their housing insecurity and homelessness and that VAW shelters are not always counted in general PiT counts. Also, immigrants often underutilize shelters (Fiedler, Schuurman, & Hyndman, 2006). Consequently, the experiences of immigrant and refugee women and related solutions to address the barriers they face may be missed in research initiatives that inform policy development and service provision.

The hidden and complex nature of the issue also results in the absence of voices with lived experience of immigration and homelessness. Knowledge and expertise of people with lived experience can improve the quality and effectiveness of service models aimed at addressing homelessness. Meaningful opportunities for contribution include being involved in program or intervention design, preparing reports in accessible formats, informing evaluations and analyses, participating on advisory committees, and conducting community consultations. Successful engagement requires the development of safe spaces for women to share their experiences. Strong connections with, and support of formal and informal community-based networks of immigrant and refugee women are needed. The latter strategies will increase the reach to those experiencing violence and precarious housing that may not be involved in shelters, community- based VAW services, or other formal agencies (e.g. health clinics, workplaces).

Practical Measures & Promising Approaches to Address Knowledge Gaps

Practical Measure: Using various techniques to engage stakeholders

Participants noted that stakeholder engagement, could help to inform and engage immigrant and refugee communities, especially given the distance separating particularly with people of lived experience, is enhanced when honoraria, childcare, transportation, translation and interpretation, and other supports are provided. Participation of non-profit organizations is facilitated when they are provided necessary travel and accommodation funds, and honoraria for their valuable time and expertise.

Online platforms (e.g. social media), ethnic media (the OMNI network), and technology such as webcams could help to inform and engage immigrant and refugee communities within Canada. Knowledge exchange and translation activities are important and the resources required to support them must be in place. The needs of the intended audience must be clearly assessed as needs can vary from one community to another. For instance, promising engagement strategies for youth or Indigenous communities may different from those for racialized communities.

Promising Approach: Muslim Family Safety Project

The outreach strategy to engage individuals from the Muslim community along with representatives from anti-violence agencies led by the Muslim Family Safety Project in London, Ontario is one example of a promising approach. The Muslim Family Safety Project was a community-based collaborative project between local Muslim communities and the London Coordinating Committee to end Woman Abuse. It brought together anti-violence agencies and the London Muslim community together to address domestic violence in a culturally-competent manner (Baobaid, n.d.). Launched in 2004 at the London Muslim Mosque, it garnered participation of over 250 members of the Muslim community and representatives of local anti-violence agencies (Baobaid, n.d.). A community outreach plan was developed for the Muslim Community to address the issue of woman abuse and for service agencies to be aware of the needs of the Muslim Community. Members of the Muslim community were involved from the onset, and were provided multiple opportunities throughout the process to share their perspectives. The Muslim Family Safety Project held a strategic planning workshop day to bring together members of the Muslim Community and representatives from the anti- violence organizations together to develop strategies to address family violence in the Muslim community. In addition, there was a public education campaign of 15 different presentations over a period of 22 months, more than 50 published articles in Muslim community local media

both in English and Arabic, and the delivery of six sermons on the topic of woman and child abuse at the London Muslim Mosque and the Islamic Centre of Southwest Ontario (Baobaid, n.d.). Notably, the Muslim Family Safety Project resulted in the Muslim Family Support Service that was launched in cooperation with local service agencies and the London Muslim Mosque to meet the needs of Muslim women and their children affected by domestic violence.

Practical Measure: Creating Online Clearinghouses & Knowledge Hubs

The creation of knowledge hubs and online clearinghouses was identified by participants to be instrumental in addressing the issue of homelessness as they can house large amounts of research and are able to establish connections with stakeholders across sectors. Knowledge sharing can help disseminate key research findings, promising practices, and lessons learned, that may otherwise not be accessible or known. It can stimulate stakeholders to take action and prevent re-inventing the wheel.

Promising Approaches: The Homeless Hub and The Community Workspace on Homelessness

The Homeless Hub is a prime example of a web-based research library and information centre that uses technology to enhance knowledge mobilization and networking. Led by the Canadian Observatory on Homelessness at York University, the Homeless Hub is the world's largest repository of homelessness research, although it also contains a significant amount of research from other sectors that are interconnected with homelessness (e.g. mental health, IPV, housing stability). It was created to be a single access point to find homelessness information from across Canada and has now become as a place where community services providers, researchers, government representatives, and the general public can access and share research, stories, and best practices. The information on the Homeless Hub is accessible to many different stakeholders; this includes peer-reviewed journal articles, arts-based resources, and plain-language reports, blogs, and e-books.

The Community Workspace on Homelessness is another example of an online platform designed for leaders, service providers and policymakers to share information. Funded by the Homelessness Partnering Strategy but managed by the Canadian Observatory on Homelessness, the platform also allows stakeholders to seek input and guidance from others, as well create and participate in discussions around homelessness. The platform is in both English and French.

Practical Measure: Recognizing and Respecting Different Forms of Knowledge

Participants at the meeting noted that different forms of knowledge exist at the academic and community level that can further understanding of the experiences of violence and homelessness faced by women. Although academic research is often considered the most

"legitimate" form of knowledge, it is not always accessible to marginalized communities, and too often, communities are not consulted about the research and its findings. Marginalized groups, such as immigrant and refugee women, must be provided with meaningful opportunities to participate in research activities. Community research approaches, such as community-based participatory research, need to be recognized as legitimate sources of knowledge that can inform policymaking and service provision.

Promising Approach: All Our Sisters National Forum on Housing and Safe Communities for Women

The first All Our Sisters National Forum on Housing and Safe Communities for Women took place in London, Ontario in May 2011. The focus of this conference was to "build and sustain a national network to improve women's access to safe, secure, and affordable housing" (Paradis & Mosher, 2012; 4). Service providers, community members, policy makers, government officials, academics and women with lived experience of homelessness were brought together to share knowledge and expertise, and provide the women with an opportunity to address researchers, service providers, and policymakers (Paradis & Mosher, 2012). At least 1 in 5 received free admission that was offered to women with low-income and facing homelessness (Paradis & Mosher, 2012). This conference provides an example of ways to create safe spaces for women with lived experience to participate in meaningful discussions on addressing women's homelessness with professional researchers, service providers, and policymakers. This requires targeted efforts on organizations' parts to build bridges into fields or circles that are not traditionally part of their day-to-day work. It requires organizational leaders to support and champion this "non-traditional" sectoral participation and the financial resources to do so.

Policy Gaps

Meeting and responding to the needs of immigrant and refugee women fleeing violence and experiencing homelessness requires developing, implementing, and evaluating policies that are women-centred, trauma-informed, and inclusive. The literature suggests that there are policy gaps and a lack of alignment between housing/ homelessness programs and the needs of immigrant and refugee women. For instance, while a useful tool in addressing homelessness, the Housing First model must be adapted to effectively meet the unique needs of women fleeing violence. Adopted in 2007, the Housing First model has become the Government of Canada's primary framework to address homelessness across the country. Housing First is defined as a "recovery-oriented approach to homelessness that involves moving people who experience homelessness into independent and permanent housing as quickly as possible, with no preconditions, and then providing them with additional services and supports as needed" (Gaetz, Scott & Gulliver, 2013). It is premised on the notion that people will be better equipped to move forward with their lives if they are first provided housing (Gaetz, Scott & Gulliver, 2013). The At Home/Chez Soi research project, the world's largest trial of Housing First, showed Housing First to be an effective model to reduce chronic and episodic homelessness while alleviating the burdens placed on other emergency support services (Government of Canada,

2014).

Housing First has been a successful strategy in many communities across Canada and continues to play an important role in ending homelessness. This model is primarily intended for individuals who have been identified as chronically (i.e. currently homeless and have been for more than 6 months in the past year) and episodically (i.e. currently homeless and have had more than 3 episodes in the past year) homeless, often with disabling conditions such as chronic physical or mental health illness or substance abuse issues. These definitions are not meant to exclude other individuals and their experiences of homelessness, but rather to help communities respond to housing priorities within the population. However hidden homelessness may differ from chronic homelessness in that it is not visible, and many immigrant and refugee women may not access the services and supports that would lead them to be considered for the Housing First model.

The inclusion criteria for Housing First models, as well as other strategies and programs seeking to address chronic homelessness must be seen through a gender lens. This will help shape the definition of “chronic homelessness” to reflect the realities of women and girls that experience violence, reduced visibility, fear of losing children, and the pathways in and out of abusive relationships and shelters (Homes for Women, 2013). Moreover, supports and services must be trauma- and violence-informed to recognize experiences of trauma (e.g. physical, sexual, or psychological abuse, community violence, experiences of war, neglect, or intergenerational trauma), including trauma caused by homelessness (Homes for Women, 2013).

A Statistics Canada study (2016) on hidden homelessness found that of those who experienced hidden homelessness, about 1 in 5 (18%) experienced it for at least one year, 55% for less than one year but more than one month, and 27% for less than one month.

Practical Measures & Promising Approaches to Address Policy Gaps

Practical Measure: Adapting the Housing First Model to meet the needs of different groups

Two case studies in Canada, and one from the United States indicate that Housing First, when modified to meet the needs of specific communities, is a promising direction that may benefit immigrant and refugee women.

Promising Approaches:

The Vivian is a Housing First program in Vancouver, British Columbia run by women, for

women, including transwomen. The program provides housing and support to women who have experienced a number of barriers including mental or physical health problems, addictions, acquired brain injury, history of trauma, and exposure to violence (Gaetz et al., 2013). The program also helps women access information, resources, and services to improve their housing, health, and social situations. Primary consideration is given to women who have had a long history of homelessness and/or an instability to sustain housing, who are particularly vulnerable to violence and exploitation, and/or who have a history of violence themselves, and who have been marginalized by systemic oppression (Gaetz et al., 2013). The program has found to be successful; while 45% of residents were homeless or living on the streets upon program entry, no residents were discharged to the streets (Gaetz et al., 2013).

Nikihk Housing First/Homeward Trust. This Housing First model at Bent Arrow in Edmonton, Alberta reflects the effectiveness of a Housing First model that provides culturally-informed Housing First and support services. Specifically geared towards Aboriginal peoples (First Nations, Metis, Inuit, and non-status individuals) who are experiencing chronic homelessness, the program includes unique support services that recognize cultural and spiritual Aboriginal practices and traditions as avenues for improving the sustainability of an individual's housing (Gaetz et al., 2013).

Domestic Violence Housing First. The Domestic Violence Housing First model adapted for survivors of domestic violence has proven to be successful in the state of Washington. In 2009, the Washington State Coalition launched a five year pilot project testing the Domestic Violence Housing First Approach. The Domestic Violence Housing First program focuses on getting survivors into stable housing as quickly as possible and then providing the necessary resources to support healing and rebuilding of their lives. This approach has been shown to promote long-term stability, safety, and well-being for survivors and their children (Mbilinyi, 2015). An evaluation of the program in 2015 has indicated that survivors felt safer, more stable and self-sufficient and were better able to create lives free from violence (Mbilinyi, 2015). The Domestic Violence Housing First program has five major components: survivor-driven, trauma-informed, mobile-advocacy, flexible financial assistance, and community engagement (Mbilinyi, 2015). Findings from the evaluation of the program showed that 97% of survivors experienced an increased level of safety and stability for themselves and their children and 96% obtained housing 18 months after accessing the program (Mbilinyi, 2015).

The program ran from September 2011- September 2014 where 681 survivors participated in the program (Mbilinyi, 2015). Of particular relevance for the purposes of this discussion, 22% of survivors identified as immigrants and refugees (Mbilinyi, 2015). A number of barriers to fleeing violence and accessing housing were identified for this group. This included: limited income, fewer economic opportunities, and greater housing instability, access to housing, re-establishing social networks and community, navigating mainstream systems, and finding culturally-responsive services (Mbilinyi, 2015). The Domestic Violence Housing First model emphasizes culturally- specific approaches to advocacy and after participating in the program, immigrant, refugee, and Native American survivors noted that having advocates from the same culture made them feel less isolated and their needs better understood (Mbilinyi, 2015).

The preliminary success of this program has led to a $2 million grant from a partnership between the U.S. Department of Health & Human Services and the U.S. Department of Justice to conduct further research on using Domestic Violence Housing First as a prevention strategy for survivors of abuse and their children.

Promising Approach: Flexible Funding Programs

Flexible assistance programs have been identified in recent literature to be a promising strategy to help survivors of violence avoid homelessness (Baker, Billhardt, Warren, Rollins, & Glass, 2010; Mbilinyi, 2015). Funds dedicated to helping survivors pay bills, school expenses, or vehicle maintenance fees, can help avoid situations of job loss, or potentially even, the loss of housing (Sullivan, Bomsta, Hacskaylo, 2016). In 2001, the Massachusetts Governor's Commission on Domestic Violence's Economic Stability Working Group launched a project to examine the links between economic stability and IPV. Testimonies from survivors, advocates, and community members indicated short- term financial crises could have been prevented from escalating if a small amount of funds was accessible for survivors (Sullivan et al., 2016). The state of Massachusetts expanded this program to help with employment, moving or storage fees, and rent (Sullivan et al., 2016). A longitudinal evaluation of a flexible funding program in Washington D.C. (Sullivan et al., 2016) showed that funding plays a key role in stabilizing housing and can have significant positive impacts on the well-being of survivors and their children. The majority of survivors in this study were still housed 6 months after receiving funds, even though they were either in precarious housing situations or homeless upon entry into the program. Though limitations of this pilot evaluation study must be taken into consideration (e.g. small sample size, n=55) and additional research is needed, results suggest that flexible funding can be used to help survivors either avert housing loss, or secure new safe housing.

Service Gaps

Within their finite resources, service providers offer supports and services for immigrant and refugee women in need. Despite efforts, gaps remain. There is a need to enhance collaboration among different sectors and place greater emphasis on cultural competency and humility in service provision.

Collaboration and coordination among different sectors involved in supporting immigrant and refugee women with housing, homelessness, violence, mental health, and settlement in Canada is vital. While successful collaboration exists in pockets of Canadian communities, research suggests that service providers often operate in siloes (Ives et al., 2015). Given the complex intersections of immigrant and refugee women, homelessness, violence, health/mental health and disability issues, and trauma, the issues and challenges cannot be addressed by one sector alone. One study found that immigrant women disclosed their abuse primarily to immigrant-serving agencies, rather than VAW agencies, as they had already established a secure relationship during the settlement process (Thurston et al., 2013). Once abuse was reported,

VAW and immigrant-serving agencies coordinated efforts to support the women during housing insecurity after leaving their violent relationships (Thurston et al., 2013). Effective responses are likely to require multiple agencies playing a critical role in supporting women. Enhanced interagency and cross-sectoral collaboration and coordination could strengthen advocacy and support for immigrant and refugee women. To this end, a combination of collaborative factors including increased knowledge, collaborative infrastructure, and coordination bodies are recommended (Ives et al., 2015).

The degree to which service providers and agencies demonstrate cultural competence and humility impacts the quality of services received by immigrant and refugee women. When healthcare workers are not aware of the varying needs of clients with different cultural backgrounds, this can compound mental health problems in immigrants (Thomson et al., 2015). Practitioners must recognize the interplay of pre-migration circumstances and contexts, settlement experiences, and range of structural barriers faced by immigrants and refugees in seeking and managing health and treatment (Thomson et al., 2015). Community-based research points to cultural competence as essential to service provision for immigrants and refugee women (BC Society of Transition Houses, 2015; Holtmann et al., 2016). One study found that agencies that supported women during housing insecurity due to violence were seen as culturally competent with staff understanding migration experiences (Thurston et al., 2013). Supports and services provided to immigrant and refugee women fleeing violence and experiencing homelessness must demonstrate awareness and responsiveness to cultural needs and considerations, while taking into account individual experiences that may be shaped by multiple intersecting factors and identities.

Research also points to the challenges faced by women after housing is secured (Paradis et al., 2008; Noble, 2015; O'Campo, Daoud, Hamilton-Wright & Dunn, 2016). While adequate and appropriate housing is a necessary resource to flee violence, providing continuous supports and services to women is essential. For example, Paradis and her colleagues (2008) found that once housing was obtained for women, many things improved, and others worsened. This included threats to physical safety, poor living conditions, and fewer financial resources (because a substantial portion of resources were consumed by their new housing costs), and loss of access to services still required.

Cultural competence is a process of understanding and continuous learning; however, it can sometimes be interpreted as an end product of learning what to do and what not to do with an individual from a given cultural and/or ethnic background that can lead to overlooking individual experiences, generalisations, and stereotypes. As cultural competence can lead to the danger of using the 'single story' to assume homogeneity in one group, the term cultural humility is gaining recognition as an alternative framework within health contexts.

Cultural humility is defined as "the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identify that are most important to the [person]". Culturally humility is guided by a life-long commitment to self-evaluation and self-critique, desire to fix power imbalance, and aspiring to develop partnerships

with people and groups who advocate for others, and can help support the process of becoming culturally competent (Tervalon & Murray-Garcia, 1998).

Practical Measures & Promising Approaches to Address Service Gaps

Practical Measure: Enhancing accessibility and service quality through collaborative and coordinated service delivery

Participants noted that service delivery for immigrant and refugee women could be enhanced through collaboration and coordination efforts between various sectors, particularly between housing and immigrant-serving agencies. Housing and settlement services both play critical roles in supporting immigrants and refugees at risk of homelessness or who are homeless. However, the two sectors are funded by different levels of government; the settlement sector is funded mostly through federal initiatives with some provincial funding and the housing sector is funded primarily through municipalities (Ferguson, 2015). One study from Toronto (Ferguson, 2015) found that housing is not often considered in settlement policy and planning of settlement and integration services. Furthermore, even when settlement workers received training in housing issues, they still faced disadvantages. Provision of housing services requires extensive knowledge and databases and tools are not accessible to settlement workers (Ferguson, 2015).

The same study noted that when housing workers sought to secure housing for a client, they often consulted with settlement workers, mostly as providers of interpretation services (Ferguson, 2015). Findings also suggested that when there was a strong working relationship between housing and settlement services, the settlement workers were more likely to identify precarious housing situations of their clients and refer them to housing agencies (Ferguson, 2015). The unique needs of immigrant and refugee women suggest that coordination between various service providers is required.

The literature points to various models and frameworks for collaboration and coordination that can enhance service accessibility and availability for immigrants and refugees. One approach is a community hub model that connects interrelated or complementary services and programs (Flagler-George & Lafreniere, 2015). A community hub allows for the collaboration of cross-sector, cross-agency partnerships for the purpose of multi-service delivery and community development in one location. For newcomers, this may mean a community hub that houses settlement- related services including language training, information about immigration and settlement resources, and legal and health supports (Flagler-George & Lafreniere, 2015).

Although community hubs can be cost-efficient given that multiple service providers are making use of one location, they are often challenging to implement.

Promising Approach: Housing and Support Services for Newcomers Initiative

Research suggests that a promising practice to meet the needs of a specific groups or provide greater access for enhanced services is that of a structured formal partnership model. For instance, the Housing and Support Services for Newcomers initiative launched between the Learning Enrichment Foundation and Fred Victor received funding from Immigration, Refugees and Citizenship Canada (formerly known as Citizenship and Immigration Canada) to combine the two organizations to provide settlement and housing services together. The program was co-staffed to provide mobile services, professional development opportunities for networking, and share learning tools in shelters within Toronto's downtown area (Ferguson, 2015). This partnership allowed workers from both agencies to better understand each other's work and make appropriate referrals (Ferguson, 2015). This type of partnership is noted to be the closest example of service coordination within housing and settlement service agencies. Funding is required to make this level of coordination feasible.

Practical Measure: Supporting grassroots responses led by local women

The involvement of grassroots, feminist organizations in designing, delivering, and evaluating services was identified at the meeting to be an important component to addressing the issue of women's homelessness. However, these organizations often have to compete with larger multi-service agencies for resources. Various community- based participatory research projects have allowed women experiencing homelessness to provide knowledge about services, their experiences, and needs. Advocates from these projects have argued that women facing homelessness must be directly involved in designing and delivering programs and services, and that services have to respond to diverse needs, identities, and experiences (Paradis, Bardy, Cummings Diaz, Athumani, Pereira, 2011). This level of involvement provides women with ownership of the agencies they participate in and builds upon their strengths and capacities, while assisting agencies to help work towards ending homelessness (Paradis et al., 2011).

Promising Approach: Thorncliffe Park Women's Committee

The Thorncliffe Park Women's Committee is an example of a local, grassroots culturally- diverse organization that created "an engine of economic, environmental, and social activity" out of a small group of women's desire to transform the R.V. Burgess Park into a lively community space (Webb, 2015; 3). As a result, hundreds of women, predominantly immigrant and refugee, have participated in their programs and become empowered to create change for themselves and their community (Webb, 2015). The transformation of the park garnered significant attention, particularly that of government leaders, foundations, and the media. The park was awarded as a Frontline Park (the first outside of the U.S.) for its transformation of an urban green space that "brings people together across social, economic, and racial divides" by the Washington,

D.C.- based City Parks Alliance (Webb, 2015; 4).

Most importantly, the Women's Committee has worked to remove systemic barriers through their inclusive, grassroots efforts. They worked with the Public Health and Parks, Forestry and Recreation to change practice and policy and with institutional partners to remove barriers often faced by grassroots groups and community organization (Webb, 2015). The Thorncliffe Park Women's Committee is an example of what grassroots efforts led by women can do to influence policy and decision-making to strengthen their communities and build better lives for themselves and their families.

Considerations for Moving Forward

The review of literature on immigrant and refugee women fleeing violence and experiencing homelessness, health/mental health and disability issues, and trauma discussed above, points to the many barriers, gaps, and systemic issues that were raised by participants at the meeting. Participants identified next steps that included inviting additional stakeholders to future discussions and recommendations to address the issue.

Widening the Circle

Participants were asked to identify organizations at national, provincial and territorial, and local levels that were key to continuing the conversation. While a range of stakeholders were suggested, certain groups were emphasized as being critical, if not essential, to the conversation. Some represent just one area, others a cross- section. They include:

- People with lived experience of violence, homelessness, migration, health/mental health and disability issues, and trauma;
- Settlement organizations
- Housing agencies
- Emergency shelters and transition homes
- VAW emergency shelters and transition homes
- Health and mental health services and supports (e.g. public health clinics, Crossroads Clinic, local health integration networks, Across Boundaries)
- Financial empowerment organizations (e.g. Prosper Canada)
- Research institutes along with researchers with expertise in the areas identified
- Men and boys
- Social justice/advocacy organizations (e.g. Canadian Council of Refugees, Canadian Immigrant Settlement Sector Alliance)
- Self-advocacy/grassroots organizations (e.g. Thorncliffe Park Women's Committee)

- Organizations involved in criminal justice system (e.g. policing services, Elizabeth Fry Society, John Howard Society)
- Child welfare organizations (e.g. Child Welfare League of Canada)
- Particular ethno-cultural communities
- Educational settings
- Politicians
- Community partnerships (e.g. local immigration partnerships)
- Federal, territorial, provincial governments
- Faith-based organizations
- Disability organizations (i.e. DAWN Canada)
- National, provincial and territorial women's organizations (e.g. Canadian Women's Foundation)

People with lived experience play a key role in informing and shaping, research, policy, and service-delivery and must be given meaningful opportunities to do so. They provide insight and expertise that can help ensure that services and policies are inclusive and adequately address diverse needs and experiences, rather than implementing "one size fits all" approaches that assume homogeneity in experiences. Ongoing, meaningful participation of immigrant and refugee women fleeing violence and experiencing homelessness, health/mental health and disability issues, and trauma, helps to identify and make required course corrections when policy or service models have unintended negative effects (e.g. conditional sponsorship regulation), and to build on intended and unintended positive effects.

Participants agreed that a comprehensive analysis of the issue cannot take place without widening the circle and engaging key stakeholders directly involved in the issues and working together as solutions fall on shared areas of responsibility.

Recommendations

The meeting held in Ottawa by Employment and Social Development Canada and the Centre for Research & Education on Violence Against Women & Children provided the opportunity for academic, community, and government leaders to discuss the issue of immigrant and refugee women fleeing violence and experiencing homelessness, the barriers and gaps that exist, and practical recommendations for moving forward.

Immigrant and refugee women face numerous systemic, interpersonal, and cultural barriers that impede their ability to escape violence and find accessible, safe, secure, and affordable housing. For immigrant women with disabilities, these barriers may be further compounded. Health, mental health and trauma are real concerns given the links between experiences of homelessness and violence with poor health outcomes and trauma. There are also significant gaps in knowledge, policy, and service provision that exacerbate these issues. Intersectoral collaboration and effective knowledge exchange and mobilization initiatives play an important

role in addressing gaps, especially as the complexity of this issue requires efforts from multiple sectors.

Timing for further discussion and action on this issue is ideal as addressing homelessness and gender-based violence is a top priority for the Government of Canada. The federal government has just announced in their Budget Plan for 2017 that more than $11.2 billion over 11 years will be allocated to a variety of initiatives designed to build, renew, and repair Canada's stock of affordable housing and help ensure that Canadians have affordable housing that meets their needs (Government of Canada, 2017). These investments will be made as part of a National Housing Strategy. A new National Housing Fund has also been proposed to address critical housing issues and prioritize support for vulnerable citizens, including survivors fleeing situations of domestic violence. A National Strategy to Address Gender-Based Violence supported by a $100 million investment over five years will begin in 2017-18, with an additional $20.7 million per year thereafter.

Budget 2017 also proposes a total investment of $2.1 billion over the next 11 years to expand and extend funding for the Homelessness Partnering Strategy beyond 2018-19, when current funding is scheduled to end. This new investment builds on funding provided through Budget 2016 of $111.8 million over two years ($57.9 million in 2016-2017 and $53.9 million in 2017-2018). Budget 2017 also proposes to maintain the program's expanded 2017-2018 funding level for 2018-2019.

Participants acknowledged that immigrant and refugee women are one of several vulnerable groups (e.g. youth, veterans, and Indigenous peoples), experiencing homelessness and/or fleeing violence that require enhanced supports and services. The commitment of new funding for national initiatives coupled with emerging research on the contextual complexities of the experiences of immigrant and refugee women fleeing violence and experiencing homelessness, translate into a timely call to action. Recommendations for considerations are offered below:

- Expand the supply of affordable, safe, and secure housing/subsidies to meet demands
- Ensure the National Housing Strategy and renewal of the Homelessness Partnering Strategy addresses the range of homelessness experiences in Canada and particularly those vulnerable populations who face issues in unique ways
- Include representation from key sectors and networks (formal and informal) in developing and implementing strategies
- Create safe spaces for people with lived experience to participate in discussions that will help inform policymaking, research, and service provision
- Re-examine definitions that inform policy and practice, particularly as it relates to the implementation of Housing First
- Identify individuals, groups, and organizations who can provide leadership and resources to act on this issue
- Develop and resource strategies to enhance intersectoral collaboration and coordination

- Implement models that build on existing community resources and successes, particularly one-stop shop or coordinated access delivery models
- Create pathways to services/supports through every community door (e.g. No Wrong Door)
- Ensure homelessness prevention and intervention models are inclusive and culturally competent
- Apply a gender lens to examine policies, services, and programming
- Ensure trauma- and violence-informed principles guide all policymaking, research, and service provision
- Offer continuity of supports/services to women after safe, secure, and affordable housing is obtained
- Create or support existing knowledge translation and mobilization initiatives that can be accessed by different communities
- Invest in prevention strategies to address the root causes of homelessness

Glossary of Terms

Asylum–seeker/Refugee claimant – a person who has fled their country and is asking for protection in another country. We don't know whether a claimant is a refugee or not until their case has been decided.

At Home/Chez Soi – research demonstration project, which examined Housing First as a means of ending homelessness for people living with mental illness in Canada. The project followed more than 2,000 participants for two years, and was the world's largest trial of Housing First, with demonstration sites in Vancouver, Winnipeg, Toronto, Montréal, and Moncton.

Chronically homeless – refers to individuals, often with disabling conditions (e.g. chronic physical or mental illness, substance abuse problems), who are currently homeless and have been homeless for six months or more in the past year (i.e. have spent more than 180 nights in a shelter or place not fit for human habitation).

Conditional permanent residency for sponsored spouses– under the rules on conditional permanent residence, there is a period of two years during which the permanent residence of the sponsored person is conditional on their remaining in a conjugal relationship and cohabitating with their sponsor. If they don't fulfill these conditions, their permanent residence could be revoked, and they could be deported. An important exception to the condition is provided for cases of abuse or neglect.

Emergency shelters – Facility offering short-term (1 to 3 days) respite for a wide population range, not exclusively abused women. Some facilities may provide accommodation for men as well as women. This type of facility may accommodate residents who are not associated with family abuse but are without a home due to an emergency situation (e.g., eviction for non-payment of rent). In 2013/2014 there were 84 emergency shelters known to be in operation.

Episodically homeless – refers to individuals, often with disabling conditions, who are currently homeless and have experienced three or more episodes of homelessness in the past year (of note, episodes are defined as periods when a person would be in a shelter or place not fit for human habitation for a certain period, and after at least 30 days, would be back in the shelter or place).

Hidden homelessness – refers to the population that falls under the category of 'provisionally accommodated'. It refers specifically to people who live "temporarily with others but without guarantee of continued residency or immediate prospects for accessing permanent housing." Often known as 'couch surfing' this describes people are staying with relatives, friends, neighbours or strangers because they have no other option.

Homelessness – describes the situation of an individual or family without stable, permanent,

appropriate housing, or the immediate prospect, means and ability to acquire it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual's/ household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing.

Housing First – refers to Housing First' is a recovery- oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.

Immigrant – refers to a person who is or has ever been a landed immigrant. This is a person who has been granted the right to live in Canada permanently by immigration authorities. Immigrants are either Canadian citizens by naturalization or permanent residents (landed immigrants) under Canadian legislation. Most immigrants are born outside Canada, but a small number are born in Canada. The immigrant population excludes non-permanent residents, who are persons in Canada on a work or study permit, or who are refugee claimants.

Intimate partner violence – describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. Although women can be violent against their male partners and violence may be found in male- male and female-female partnerships, it is well accepted that the overwhelming burden of partner violence around the world is borne by women at the hands of men.

Newcomers – refers to landed immigrants who came to Canada up to five years prior to a given census year.

Non-status women (people) – a person who has not been granted permission to stay in the country or who has stayed after their visa has expired. The term can cover a person who falls between the cracks of the system, such as a refugee claimant who is refused refugee status but not removed from Canada because of a situation of generalized risk in the country of origin.

Point-in-Time (PiT) – count is a one-day snapshot of homelessness in shelters and on the streets within a community. A PiT count estimates how many people are experiencing homelessness in emergency shelters, in transitional housing and in unsheltered locations on the day of the count. It can also include people who are in health or corrections facilities—such as hospitals, detox centres, detention centres or jails—who do not have a place to go when they are released.

Precarious Immigration status – precarious status is a concept that refers to various forms of less-than- full legal status. Specifically, it is marked by any of the following: the absence of permanent residence; lack of work authorization; depending on a third party for residence or employment rights; restricted or no access to public services and protections available to permanent residence (e.g. healthcare, education, and workplace rights); deportability.

Precarious status in Canada includes “documented” but temporary workers, students, and refugee applicants, as well as unauthorized forms of status, such as visa and permit over stayers, failed refugee claimants, and undocumented entrants. (York University)

Refugee – a person who is forced to flee from persecution and who is located outside of their home country.

Serious mental health disorders – Serious mental disorders are defined by diagnosis, duration, and disability using observations from referring sources, indicators of functional impairment, history of recent psychiatric treatment, and current presence of eligible diagnosis as identified by the Mini International Neuropsychiatric Interview (major depressive, manic or hypomanic episode, post-traumatic stress disorder, mood disorder with psychotic features, psychotic disorder).

Trauma – results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

Trauma-informed practice – is an approach to the provision of programs and services that is client-centred and built on knowledge about the impact of violence and trauma on people’s lives and health. It requires professionals to integrate this knowledge into all aspects of practice and programming in ways that facilitate clients’ control over their experience and foster safety, respect, and empowerment.

Unsheltered – Sleeping rough on the street, in parks, camps, vehicles or abandoned buildings

References

Abramovich, I. (2012). No Safe Place to Go: LGBQT Youth Homelessness in Canada: Reviewing the Literature. Canadian Journal of Family and Youth, 4(1), 29-51. Retrieved from https://journals.library.ualberta.ca/cjfy/index.php/cjfy/article/view/16579

Abramovich, I. (2013). No Fixed Address: Young, Queer, and Restless. In Gaetz, S., O’Grady, B., Buccieri,K., Karabanow, J., & Marsolais , A. (Eds), Youth Homelessness in Canada: Implications for Policy and Practice (pp. 387-403). Toronto, ON: Canadian Observatory on Homelessness. Retrieved from http://homelesshub.ca/resource/23-no-fixed-address-young-queer-and-restless

Ahmad, F., Driver, N., Mcnally, M. J., & Stewart, D. E. (2009). “Why doesn’t she seek help for partner abuse?” An exploratory study with South Asian immigrant women. Social Science & Medicine, 69(4), 613-622. doi: 10.1016/j. socscimed.2009.06.011

Ahmad, F., Ali, M., & Stewart, D.E. (2005). Spousal-abuse among Canadian immigrant women.

Journal of Immigrant Health, 7(4), 239-46. Retrieved from www.ncbi.nlm.nih.gov/pubmed/19813290

Alaggia, R., Regehr, C., & Rishchynski, G. (2009). Intimate partner violence and immigration laws in Canada: How far have we come? International Journal of Law and Psychiatry, 32(6), 335-341. doi: 10.1016/j.ijlp.2009.09.001

Baobaid, M. (n.d.). Guidelines for Service Providers: Outreach Strategies for Family Violence Intervention with Immigrant and Minority Communities. London, ON: Changing Ways. Retrieved from http://www.lfcc.on.ca/MFSP_Guidelines.pdf

Barrett, B. J., & Pierre, M. S. (2011). Variations in Women's Help Seeking in Response to Intimate Partner Violence: Findings From a Canadian Population-Based Study. Violence Against Women, 17(1), 47-70. doi: 10.1177/1077801210394273

BC Society of Transition Houses (2015). Phase 1 Final Report: Housing access for immigrant and refugee women leaving violence. Vancouver, BC: BC Society of Transition Houses. Retrieved from: https://bcsth.ca/publications/building-supports-phase-1-report/

Canadian Council on Social Development. (2006). Domestic Violence in Sponsor Relationships Among Immigrant and Refugee Women and its Links to Homelessness: Implications for Service Delivery. Retrieved from http://homelesshub.ca/resource/domestic-violence-sponsor-relationships-among-immigrant-and-refugee-women-and-its-links

Canadian Observatory on Homelessness. (2012). Canadian definition of Homelessness. Homeless Hub. Retrieved from: http://www.homelesshub.ca/sites/default/files/COHhomelessdefinition.pdf

Chaze, F., & Medhekar, A. (2017, March 20). The Intersectional Oppressions of South Asian Immigrant Women and Vulnerability in Relation to Domestic Violence: A Case Study. Ontario Bar Association. Retrieved from www.oba.org/Sections/Family-Law/Articles/Articles-2017/March-2017/The-Intersectional-Oppressions-of-South-Asian-Immi

Daoud, N., Matheson, F., Pederson, C., Hamilton-Wright, S., Mihn, A., Zhang, J., & O'Campo, P. (2016). Pathways and trajectories linking housing instability and poor health among low-income women experiencing intimate partner violence (IPV): Toward a conceptual framework. Women & Health, 56, 208-225. doi: 10.1080.03630242.2015.1086465.

DisAbled Women's Network Canada (DAWN). (2014, January). Women with Disabilities and Violence. Retrieved from http://www.dawncanada.net/main/wp-content/uploads/2014/03/English-Violence-January-2014.pdf

Duchesne, A. (2015). Women and Homelessness in Canada: A brief review of the literature. Mission Old Brewery, McGill, Centre for Research on Children and Families. Retrieved from

https://www.mcgill.ca/socialdevelopment/files/socialdevelopment/women_in_homelessness_-_a_brief_report.pdf

Du Mont, J., Forte,T., Cohen, M., Hyman, I., & Romans, S. (2005). Changing help seeking rates for intimate partner violence in Canada. Women and Health, 41(1), 1–19. doi: 10.1300/J013v41n01_01

Chen, J., Ng., E., & Wilkins, R. (1996). The health of Canada's immigrants in 1994-5. Health Report, 7, 33-45.

Echenberg, H., & Jensen, H. (2008). Background Paper: Defining and Enumerating Homelessness in Canada. Library of Parliament. Retrieved from http://www.lop.parl.gc.ca/content/lop/ResearchPublications/prb0830-e.pdf

Employment and Social Development Canada (2017). Homelessness Partnering Strategy: Highlights- 2016 Coordinated Point-in-Time Count of Homelessness in Canadian Communities. Retrieved from: http://homelesshub.ca/resource/homelessness-partnering-strategy-highlights-%E2%80%93-2016-coordinated-point-time-count

Employment and Social Development Canada (2016). Homelessness Partnering Strategy: 2015 Shelter Capacity Report. Retrieved from: www.canada.ca/en/employment-social-development/programs/communities/homelessness/publications-bulletins/shelter-capacity-2015.html

Employment and Social Development Canada (2016). 2005- 2014 Highlights of the National Shelter Study. Retrieved from www.canada.ca/en/employment-social-development/programs/communities/homelessness/reports-shelter-2014.html

Employment and Social Development Canada. (August 23, 2016). Understanding Homelessness and the Strategy. Retrieved from www.canada.ca/en/employment-social-development/programs/communities/homelessness/understanding.html

Employment and Social Development Canada. (April 28, 2014). Housing First. Retrieved from https://www.canada.ca/en/employment-social-development/programs/communities/homelessness/housing-first.html

Erez, E., Adelman, M., & Gregory, C. (2009). Intersections of immigration and domestic violence: Voices of battered immigrant women. Feminist Criminology, 4(1), 32–56

Ferguson, O., & Ferguson, E. Eds. (2015). The Intersection of Settlement and Housing Services and Policies: Reducing the Risk of Homelessness for Immigrant and Refugee Women. Ontario Council of Agencies Serving Immigrants. Retrieved from http://www.torontolip.com/Portals/0/Resources/Housing/Housing_and_Settlement_Service_Study_final_30-06-2015.pdf?ver=2015-09-11-153249-110

Fiedler, R., Schuurman, N., & Hyndman, J. (2006). Hidden homelessness: An indicator-based approach for examining the geographies of recent immigrants at-risk of homelessness in Greater Vancouver. Cities, (23)3,205-216. doi: 10.1016/j.cities.2006.03.004

Flagler-George, J., & Lafreniere, Ginette. (2015). A Review of Promising Practices for Enhanced Access to Services for Newcomers in Guelph-Wellington. Guelph, ON: Guelph-Wellington Local Immigration Partnership. Retrieved from http://guelphwellingtonlip.ca/wp-content/uploads/2015/04/LIP-LIT-REVIEW-March-30th-2015-FINAL1.Pdf

Fong, J. (2000). Silent no more: How women experience wife abuse in the local Chinese community. Unpublished doctoral dissertation. Toronto, ON: York University.

Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, Lorraine., Merritt-Gray, M., Campbell J., & Wilk, P. (2009). Modelling the effects of intimate partner violence and access to resources on women's health in the early years after leaving an abusive partner. Social Science & Medicine, 68(6), 1021- 1029. https://doi.org/10.1016/j.socscimed.2009.01.003

Gaetz, S., Scott, F., & Gulliver, T. (2013). Housing First in Canada: Supporting communities to end homelessness. Toronto, ON: Canadian Homelessness Research Network Press. Retrieved from: http://www.homelesshub.ca/sites/default/files/HousingFirstInCanada.pdf

Gaetz, S., Dej, E., Richter, T., & Redman, M. (2016). The State of Homelessness in Canada 2016. Toronto, ON: Canadian Observatory on Homelessness Press. Retrieved from: http://homelesshub.ca/SOHC2016

Gaetz, S. Donaldson, J., Richter, T., & Gulliver, T. (2013). The State of Homelessness in Canada 2013. Toronto, ON: Canadian Homelessness Research Network Press. Retrieved from http://homelesshub.ca/resource/state-homelessness-canada-2013

Giddens, A. (1991). Modernity and self-identity: Self and society in the late modern age. Stanford, CA: Stanford University Press.

Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Nelson, G., MacNaughton, E., Streiner, D., & Aubry, T. (2014). National At Home/Chez Soi Final Report. Calgary, AB: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca

Government of Canada. (2017). Building a strong middle class: Budget 2017. Retrieved from http://www.budget.gc.ca/2017/docs/plan/budget-2017-en.pdf

Gulliver-Garcia, T. (2016). Putting an End to Child & Family Homelessness in Canada. Toronto, ON: Raising the Roof. Retrieved from: http://www.raisingtheroof.org/wp-content/uploads/2015/10/CF-Report-Final.pdf

Guruge, S., & Humphreys, J. (2009). Barriers affecting access to and use of formal social supports among immigrant women. Canadian Journal of Nursing Research, 41(3), 64-84. Retrieved from
http://www.ingentaconnect.com/content/mcgill/cjnr/2009/00000041/00000003/art00007

Gushulak, B. D., Pottie, K., Roberts, J. H., Torres, S., & DesMeules, M. (2011). Migration and health in Canada: health in the global village. Canadian Medical Association Journal, 183(12), E952–958.

Holtmann, C., Torri, M., Rickards, T., Matta, C. (2016). A Coordinated Community Response to Domestic and Intimate Partner Violence Experienced by Immigrant and Newcomer Women in New Brunswick. NB: New Brunswick Multicultural Council. Retrieved from: http://www.nb-mc.ca/overcoming-barriers-a-coordinated-response-to-violence-against- immigrant-women-in-new-brunswick/

Homes for Women. (2013). Housing First, Women Second. Retrieved from
http://ywcacanada.ca/data/publications/00000066.pdf

Hudon, T. (2015). Immigrant Women. Statistics Canada catalogue no. 89-503-X. Retrieved from
http://www.statcan.gc.ca/pub/89-503-x/2015001/article/14217-eng.pdf

Hyman, I., Forte, T., Du Mont, J., Romans, S., & Cohen, M. M. (2006). Help seeking rates for intimate partner violence (IPV) among Canadian immigrant women. Health Care for Women International, 27, 682-694. Retrieved from
http://www.tandfonline.com/doi/abs/10.1080/07399330600817618

Hyman, I. (2002). Immigrant and visible minority women. In Stewart, D.E., Cheung, A., Ferris, L.E., Hyman, I., Cohen, M., & Williams, I.J (Eds.), Ontario Women's Health Status Report (pp. 338-358). Ottawa, Ontario: Ontario Women's Health Council.

Ives, N., Hanley, J., Walsh, C., Este, D., Ben-Soltane, S., & Pearce, E. (2014). Exploring Collaboration Processes Across Sectors: Bridging Services for Newcomer Women with Experiences Across the Homelessness Spectrum. Ottawa, ON: Human Resources and Skills Development Canada.

Jategaonkar, N., & Ponic, P. (2011). Unsafe & Unacceptable Housing: Health & Policy Implications for Women Leaving Violent Relationships. Women's Health and Urban Life, Vol 10 (1), pg. 32-58. Retrieved from: https://tspace.library.utoronto.ca/handle/1807/27218

Kaukinen, C. (2002). The help-seeking of women violent crime victims: Findings from the Canadian violence against women survey. International Journal of Sociology and Social Policy, 22(7-8), 5-44. doi: 10.1108/01443330210790085

Kershner, M., & Anderson, J.E. (2002). Barriers to disclosure of abuse among rural women. Minnesota Medicine, 85(3), 32-37. Retrieved from

https://www.ncbi.nlm.nih.gov/pubmed/11915526

Kirkby, C., & Mettler, K. (2016). Women First: An Analysis of a Trauma-Informed, Women-Centered, Harm Reduction Housing Model for Women with Complex Substance Use and Mental Health Issues. In N. Nichols & C. Doberstein (Eds.), Exploring Effective Systems Responses to Homelessness (pp. 114-131). Toronto, ON: The Homeless Hub Press. Retrieved from http://homelesshub.ca/systemsresponses/21-women-first-analysis-trauma-informed-women-centred-harm-reduction-housing-model-women

Khanlou, N. (2010). Migrant Mental Health in Canada.
In Canadian Issues: Immigrant Mental Health (pp. 9-16). Retrieved from http://www.metropolis.net/pdfs/immigrant_mental_health_10aug10.pdf

McKenzie, K., Agic, B., Tuck, A., & Antwi, M. (2016). The Case for Diversity: Building the Case to Improve Mental Health Services for Immigrant, Refugee, Ethno-cultural and Racialized Populations. Ottawa, ON: Mental Health Commission of Canada. Retrieved from: http://www.mentalhealthcommission.ca/sites/default/files/2016-10/case_for_diversity_oct_2016_eng.pdf

Landrine, H., Klonoff, E. A., Corral, I., Fernandez, S., & Roesch, S. (2006). Conceptualizing and measuring ethnic discrimination in health research. Journal of Behavioral Medicine, 29, 79–94. doi: 10.1007/s10865-005-9029-0

Lasser, K.E. (2006). Access to care, health status, and health disparities in the US and Canada: Results of a cross-national population-based survey. Research and Practice, 96(7), 1300–1307. doi: 10.2105/AJPH.2004.059402

Lee, Y. S., & Hadeed, L. (2009). Intimate partner violence among Asian immigrant communities: Health/mental health consequences, help-seeking behaviors, and service utilization. Trauma, Violence Abuse, 10(2), 143–170. doi: 10.1177/1524838009334130

Malley-Morrison, K., & Hines, D.A. (2007). Attending to the role of race/ethnicity in family violence research. Journal of Interpersonal Violence, 22, 943–972. doi: 10.1177/0886260507303060

Mbilinyi, L. (2015). The Washington State Domestic Violence Housing First Program: Cohort 2 Agencies Final Evaluation Report September 2011-September 2014.
Washington: Washington State Coalition Against Domestic Violence. Retrieved from: http://wscadv.org/wp-content/uploads/2015/05/DVHF_FinalEvaluation.pdf

Menjivar, C., & Salcido, O. (2002). Immigrant Women and Domestic Violence: Common Experiences in Different Countries. Gender and Society, 16(6), 898-920. Retrieved from http://www.jstor.org/stable/3081940?origin=JSTOR-pdf&seq=1#page_scan_tab_contents

Newbold, K. B. (2005). Self-rated health within the Canadian immigrant population: risk and the healthy immigrant effect. Social Science & Medicine, 60(6), 1359–1370. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/15626530

Ng, E., Wilkins, R., Gendron, F., & Bertholet, J. M. (2005). Dynamics of Immigrants' Health in Canada: Evidence from the National Population Survey. Ottawa, ON: Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/82- 618-m/2005002/pdf/4193621-eng.pdf

Noble, A. (2015). Beyond Housing First: A Holistic Response to Family Homelessness in Canada. Toronto, ON: Raising the Roof. Retrieved from: http://homelesshub.ca/resource/beyond-housing-first-holistic-response-family-homelessness-canada

Novac, Sylvia. (2006). Family Violence and Homelessness: A Review of the Literature. Ottawa, ON: Public Health Agency of Canada. Retrieved from http://www.phac-aspc.gc.ca/sfv-avf/sources/fv/fv-homelessness-itinerance/index-eng.php#toc

O'Campo, P., Daoud, N., Hamilton-Wright, S., & Dunn, J. (2016). Conceptualizing Housing Instability: Experiences with Material and Psychologically Instability Among Women Living with Partner. Housing Studies, 31(1), 1-19. doi: 10.1080/02673037.2015.1021768

Oudshoorn, A. et al. (2015). A Framework for Ending Women's and Girls' Homelessness. Retrieved from: www.abeoudshoorn.com/wp-content/uploads/2015/08/A-Framework-for-Ending-Womens-and-Girls-Homelessness.pdf

Padgett, D. (2007). There's no place like (a) home: Ontological security among persons with serious mental illness in the United States. Social Science & Medicine, 64(9), 1925-1936. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/17355900

Paradis, E., Bardy, S., Cummings-Diaz, P., Athmani, A., & Pereira, I. (2011). We're not asking, we're telling: An Inventory of practices promoting the dignity, autonomy, and self-determination of women and families facing homelessness. Toronto, ON: The Canadian Homelessness Research Press. Retrieved from http://homelesshub.ca/sites/default/files/goodpractice_report.pdf

Paradis, E., & Mosher, J. (2012). "Take the Story, Take the Needs, and Do Something": Grassroots Women's Priorities for Community-Based Participatory Research and Action on Homelessness. Toronto, ON: The Canadian Homelessness Research Network Press. Retrieved from http://homelesshub.ca/sites/default/files/CBPRwomenhomeless_report_0.pdf

Paradis, E., Novac, S., Sarty, M. and Hulchanski, D. (2008). Better Off in a Shelter? A Year of Homelessness & Housing among Status Immigrant, Non-Status Migrant, & Canadian-Born Families. Toronto: Centre for Urban and Community Studies Cities Centre, University of Toronto. Retrieved from: http://www.urbancentre.utoronto.ca/pdfs/researchbulletins/ParadisetalBetterOffinaShelter7-

2008.pdf

Pérez, C.E. (2002). Health status and health behaviour among immigrants. Health Report, 13, 1-13. Retrieved from http://www.statcan.gc.ca/pub/82-003-s/2002001/pdf/82-003-s2002005-eng.pdf

Perreault, S. (2009). Criminal Victimization and Health: A Profile of Victimization Among Persons with Activity Limitations or Other Health Problems. Canadian Centre for Justice Statistics. Retrieved from: http://www.statcan.gc.ca/pub/85f0033m/85f0033m2009021-eng.pdf

Public Health Agency of Canada. (2006). Street youth in Canada: Findings from the enhanced surveillance of Canadian street youth, 1999-2003. Ottawa, ON: Public Health Agency of Canada. Retrieved from http://www.phac-aspc.gc.ca/std-mts/reports_06/pdf/street_youth_e.pdf

Richter, M.S., & Chaw-Kant, J. (2008). A Case Study: Retrospective Analysis of Homeless Women in Canadian City. Journal of Women Health and Urban Studies, 1, 7-19. Retrieved from https://tspace.library.utoronto.ca/handle/1807/10367

Rodrigue, S. (2016). Hidden Homelessness in Canada. Statistics Canada Catalogue no. 75-006-X. Retrieved from http://www.statcan.gc.ca/pub/75-006-x/2016001/article/14678-eng.htm

Roger, L.H., Cortes, D.E., & Malgady, R.G. (1991). Acculturation and mental health states among Hispanics: convergence and new directions for research. American Journal of Public Health, 96(4), 585-597. Retrieved from www.ncbi.nlm.nih.gov/pubmed/1952420

Saltzman, L.E., Fanslow, J.L., McMahon, P.M., Shelley, G.A. (1999). Intimate partner violence surveillance: Uniform definitions and recommended data elements. Atlanta: National Center for Injury Prevention and Control. Retrieved from www.cdc.gov/violenceprevention/pdf/intimatepartnerviolence.pdf

Sandel, M., Sheward, R., & Sturtevant, L. (2015) Compounding Stress, The Timing and Duration Effects of Homelessness on Children's Health: Insights from Housing Policy Research. Center for Housing Policy and Children's Health Watch. Retrieved from: http://www.nhc.org/Insights_CompoundingStress_final_LoRes.pdf

Saunders, P. (1989). The meaning of 'home' in contemporary English culture. Housing Studies, 4(3), 177-192. Retrieved from http://www.tandfonline.com/doi/abs/10.1080/02673038908720658

Sinha, M. (2013). Measuring violence against women: Statistical trends. Ottawa, ON: Statistics Canada. Statistics Canada. (2015, April 27). Housing suitability of private household. Retrieved from http://www.statcan.gc.ca/eng/concepts/definitions/dwelling06

Statistics Canada. (2015). Family violence in Canada: A statistical profile, 2013. Ottawa, ON: Canadian Centre for Justice Statistics.

Sullivan, C.M., Bomsta, H.D., & Hacskaylo, M.A. (2016). Flexible funding as a promising strategy to prevent homelessness for survivors of intimate partner violence. Journal of Interpersonal Violence Health, (1)17, 1-17. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/0886260516664318

Taylor-Butts, A. (2007). “Canada’s shelters for abused women, 2005/2006.” Juristat. Vol. 27, no. 4. Statistics Canada Catalogue no. 85-002. Retrieved from http://www.statcan.gc.ca/pub/85-002-x/85-002-x2007004-eng.pdf

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. Journal of Health Care for the Poor and Underserved, 9(2), 117-125. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/10073197

Thomson, M.S., Chaze, F., George, U., & Guruge, S. (2015). Improving Immigrant Populations’ Access to Mental Health Services in Canada: A Review of Barriers and Recommendations. Journal of Immigrant and Minority Health, (17)1, 1-14. doi: 10.1007/s10903-015-0175-3

Thurston, W., Clow, B., Este, D., Gordey, T., Haworth- Brockman, M., McCoy, L., Smith, J. (2006, May). Immigrant women, family violence, and pathways out of homelessness (Report prepared for the national secretariat on homelessness). Retrieved from http:// www.ucalgary.ca/wethurston/files/wethurston/Report_ImmigrantWomenViolenceHomelessness.pdf

Thurston, W. E., Roy, A., Clow, B., Este, D., Gordey, T., Haworth-Brockman, M., & Carruthers, L. (2013). Pathways Into and Out of Homelessness: Domestic Violence and Housing Security for Immigrant Women. Journal of Immigrant & Refugee Studies, 11(3), 278-298. doi: 10.1080/15562948.2013.801734

Tutty, L.M., Ogden, C., & Giurgiu, B. (2014). I Built My House of Hope: Abused Women and Pathways into Homelessness. Violence Against Women, 19(2), 1498- 1517. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/1077801213517514

Tutty, L.M. Effective Practices in Sheltering Women Leaving Violence in Intimate Relationships. Toronto, ON: YWCA Toronto. Retrieved from http://ywcacanada.ca/data/publications/00000013.pdf

Van Berkum, A. & Oudshoorn, A. (2015). Best Practice Guideline for Ending Women’s and Girl’s Homelessness. Retrieved from http://ywcacanada.ca/data/research_docs/00000347.pdf

Walsh, C. A., Rutherford, G. E., & Kuzmak, N. (2009). Characteristics of Home: Perspectives of

Women Who Are Homeless. The Qualitative Report, 14(2), 299-317. Retrieved from http://nsuworks.nova.edu/tqr/vol14/iss2/6

Wathen, N. (2012). Health Impacts of Violent Victimization on Women and their Children. Ottawa, ON: Department of Justice Canada. Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_12/rr12_12.pdf

Webb, M. (2015). The Power of Civic Action: How the Thorncliffe Park Women's Committee Revitalized their park and created an engine of grassroots economic activity. Toronto, ON: Metcalf Foundation. Retrieved from www.metcalffoundation.com/wp-content/uploads/2015/11/TPWC-FINAL.pdf

Wellesley Institute. (2010). Precarious Housing in Canada. Toronto, ON: Wellesley Institute. Retrieved from http:// www.wellesleyinstitute.com/wp-content/uploads/2010/08/Precarious_Housing_In_Canada.pdf

Yonge Street Mission. (2009). Changing Patterns for Street Involved Youth. Toronto, ON: Yonge Street Mission. Retrieved from http://homelesshub.ca/resource/changing-patterns-street-involved-youth

Appendix A – Meeting Agenda

Immigrant and Refugee Women Fleeing Intimate Partner Violence and Experiencing Homelessness in Canada

Thursday, March 30, 2017 - 1:00 p.m. – 4:30 p.m. ESDC Learning Centre

140 Promenade du Portage
Phase IV, First Floor Gatineau, QC

Background
Economic and Social Development Canada's (ESDC) 2016 Point in Time (PiT) Count found that female newcomers are nearly two times more likely than non-newcomer females to cite domestic abuse as a factor contributing to their most recent housing loss (40% as compared to 22%). This indicates that women fleeing violence is a particular area of focus for understanding in order to address the newcomer homelessness phenomenon. Intimate partner violence has been significantly associated with a variety of mental health and health and disability consequences including post-traumatic stress disorder (PTSD), anxiety, and depression.

Based on the above, the purpose of this meeting is to explore intersections among the following five pillars:

- Immigrant and refugee issues
- Women fleeing violence
- Homelessness
- Mental health, health and disability issues
- Trauma

Important to today's discussion, literature reviews have identified that:

- Structural determinants of homelessness include low wages, inadequate welfare payments, unaffordable housing, high unemployment rate, changing job market, unsafe living conditions, and difficulty in accessing health care services (Duchesne 2015)
- Between 20 and 50% of homeless women in an urban setting have been diagnosed with a mental illness (Duchesne 2015)
- Sexual, physical or emotional childhood abuse is a common contributor to homelessness of women and children (Duchesne 2015)
- 50% of women in mental health and 25-50% of women in substance abuse treatment programs report intimate partner violence (Mason & O'Rinn 2014).

Meeting Agenda

1:00 – 1:05 Setting the Stage:

The Director of the Homelessness Policy and Partnerships Division at Employment and Social Development Canada will welcome participants.

1:05 – 1:10 Facilitator Overview:
The University of Western Ontario's Centre for Research and Education on Violence Against Women and Children will provide a meeting overview.

1:10- 1:40 Participant Introductions:
Participants will be invited to share their name, their organization, and to briefly describe how their role or work relates to one or more of the five pillar(s), highlighting how their work addresses intersections if applicable.

1:40-2:30 Perspectives, Barriers, and Opportunities for Action:
Drawing on the work of participants as it relates to the five pillars, participants will be invited to explore the following questions:

What is known about immigrant and refugee women fleeing intimate partner violence and experiencing trauma, mental health problems and homelessness?

What are the sources of this knowledge (e.g. lived experience, practitioner experience, available data, surveys of service providers, etc.)?

What are the barriers to addressing the issues? What are their implications on policy and service delivery?

What are promising practices in Canada and beyond with respect to immigrant and refugee women fleeing violence and experiencing homelessness who may have mental health problems, or trauma?

What are the specific gaps in knowledge, policy, and service delivery related to immigrant and refugee women fleeing violence and experiencing homelessness?

2:30 – 2:50 Break

2:50 – 4:20 Possible Next Steps:
In taking practical steps, and continuing the conversation, participants will be invited to answer the following questions:

Who else needs to be part of this discussion?

What is the best way to engage stakeholders across pillars?

What practical measures can ensure the gaps in knowledge, services and policy are addressed across pillars?

If you could recommend one or two practical measures to address the issues, what would they be, and who do you see being responsible? What do you think we could collectively do in the short, medium, and long term?

4:20 -4:30 Wrap-up and Evaluation
(Times allotted for sessions are approximate.)

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